Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10-618-600

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			7				Ė	RATE	FEE	1 I	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		-	SASIC FEE	375.00			750.00	
							F	ASIOTEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			/ minus 20=		* 6		L	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			ス min	nus 3 =	, O			X42=		OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+140=		OR	+280=	·	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				l	TOTAL		OR	TOTAL	750	
CLAIMS AS AMENDED - PART II										•	OTHER	THAN	
_		(Column 1)	EDVINEZAZIONE CIN	(Colur		(Column 3)		SMALL ENTITY			SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* .	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF M	Minus	*** PENDENT	CLAIM	=		X42=		OR	X84=		
L	711.01711.00			LIVOLIVI				+140=		OR	+280=		
	•						ΔΙ	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colur		(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	4	
	Independent	*	Minus	***		=		X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On			
							L	+140=	,	OR	+280=		
							Αſ	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)	ŕ						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	44.0	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=			X84=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		┞			OR	,,,,,,		
* I	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=		
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		imber Previously P nber Previously Pa						_	ropriate box			-	